

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2208111
<b>Decision Date:</b>	1/24/2023	<b>Hearing Date:</b>	12/09/2022
<b>Hearing Officer:</b>	Kimberly Scanlon		

**Appearance for Appellant:**  
Appellant, Pro se (by telephone)

**Appearance for MassHealth:**  
Dr. Sheldon Sullaway



*The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, Quincy, Massachusetts 02171*

# APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization – Partial Dentures
<b>Decision Date:</b>	1/24/2023	<b>Hearing Date:</b>	12/09/2022
<b>MassHealth’s Rep.:</b>	Dr. Sullaway	<b>Appellant’s Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South 1 (remote hearing)	<b>Aid Pending:</b>	No

## Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

## Jurisdiction

Through a notice dated October 5, 2022, MassHealth denied the appellant's prior authorization request for dental service codes D5213-partial (cast metal) upper denture and D5214-partial (cast metal) lower denture. (See, 130 CMR 420.421; Exhibit 4). The Appellant filed this appeal in a timely manner on October 20, 2022. (See, 130 CMR 610.015(B); Exhibit 1). Challenging a denial of services is valid grounds for appeal. See, 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the Appellant’s prior authorization request for dental service codes D5213-partial (cast metal) upper denture and D5214 – partial (cast metal) lower denture.

## Issue

The appeal issue is whether MassHealth was correct in denying the Appellant’s prior authorization request.

## Summary of Evidence

The Appellant is a MassHealth member over the age of 21 who appeared and testified at the hearing

by telephone. MassHealth was represented telephonically at the hearing by Dr. Sullaway, a consultant for DentaQuest which is the entity that has contracted with the MassHealth agency to administer and run the agency's dental program for MassHealth members.

Dr. Sullaway testified at the hearing and stated that the Appellant's dental provider submitted a prior authorization request for dental service codes D5213-partial (cast metal) upper denture and D5214-partial (cast metal) lower denture. On October 5, 2022, MassHealth denied the request because the requested services are not covered. Dr. Sullaway explained that MassHealth does not have cast metal services on their schedule, they have acrylic or plastic partial dentures but not cast metal.

The Appellant testified at the hearing that her bones are weak due to [REDACTED] and she requested cast metal partial dentures because her teeth are ruined, nor does she have any back teeth to chew food properly. Therefore, the Appellant must blend her food and drink it with a straw. Further, her front teeth are getting weak as well. The Appellant is petite because she cannot get the proper nutrients due to the inability to chew food. Moreover, she is embarrassed when she goes to a restaurant and covers her mouth. With respect to Dr. Sullaway's suggestion of tolerating plastic dentures, as an example, the Appellant explained that it is very uncomfortable due to her medical condition.

Dr. Sullaway responded that he was sorry to hear about the Appellant's medical situation however, as far as MassHealth Dental is concerned, Medical Necessity does not apply to members over the age of 21, per 130 CMR 420.421(B). Further, there is no cosmetic considerations provided by MassHealth. As for plastic dentures, Dr. Sullaway surmised that some of the issue may be due to the Appellant's missing back teeth which, if present, would hold the partial dentures in place.

## **Findings of Fact**

Based on a preponderance of the evidence, I find the following:

1. The Appellant is an adult MassHealth member. (Testimony; Ex. 4, p. 3).
2. On October 5, 2022, MassHealth received a prior authorization request from the Appellant's dental provider for dental service codes D5213-partial (cast metal) upper denture and D5214-partial (cast metal) lower denture. (Testimony; Ex. 4, p. 3).
3. On October 5, 2022, MassHealth denied the request because the requested services are not covered. (Ex. 4, p. 3).
4. The Appellant filed a timely hearing on October 20, 2022. (Exhibit 1).
5. The Appellant has trouble chewing food and is unable to obtain the proper nutrients as a result. (Testimony).

## Analysis and Conclusions of Law

As a rule, the MassHealth agency and its dental program pays only for medically necessary services to eligible MassHealth members and may require that such medical necessity be established through a prior authorization process. See, 130 CMR 450.204; 130 CMR 420.410. In addition to complying with the prior authorization requirements at 130 CMR 420.410 et. seq., covered services for certain dental treatment, including partial dentures, are subject to the relevant limitations of 130 CMR 420.421 through 420.456. Further, 130 CMR 420.410(C) references and incorporated the MassHealth Dental Program Office Reference Manual (hereinafter “Dental ORM” or “Dental Office Reference Manual”) publication as a source of additional explanatory guidance beyond the regulations. It is noted that references in the regulations to the “Dental Manual” include the pertinent state regulations, the administrative and billing instructions (including the HLD form), and service codes found in related subchapters and appendices. See, <https://www.mass.gov/lists/dental-manual-for-masshealth-providers> (last viewed on January 17, 2023).

However, additional guidance “about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines.” (See, 130 CMR 450.204(D)). Certain services are excluded from coverage, “except when MassHealth determines the service to be medically necessary **and the member is younger than 21 years old.** (See, 130 CMR 420.421(B)). (Emphasis added). Specifically excluded are: certain dentures, including unilateral partials, overdentures and their attachments, temporary dentures, CuSil-type dentures, other dentures of specialized designs or techniques, and preformed dentures with mounted teeth (teeth that have been set in acrylic before the initial impressions). (See, 130 CMR 420.421(B)(2)).

With respect to dental codes D5213 and D5214, the MassHealth Dental ORM states that “maxillary partial denture-cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)(D5213) and “mandibular partial denture-cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)(D5214) are benefits covered for “MassHealth [members] **under 21.** (Emphasis added).

In this case, the Appellant is over the age of 21. The requested dentures (cast metal) are not presently covered for MassHealth members over the age of 21. Moreover, medical necessity services, as discussed above, does not apply in this instance to members over the age of 21. Therefore, this appeal is denied.<sup>1</sup>

## Order for MassHealth

None.

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<sup>1</sup> This denial does not preclude the Appellant or the Appellant’s dental provider from submitting a new prior authorization to MassHealth with dental codes that will be covered for the Appellant. Given the Appellant’s inability to sustain nutrients, as discussed at the hearing, she is encouraged to do so.

## Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

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Kimberly Scanlon  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA